

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |                             |                               |              |
|--|-----------------------------|-------------------------------|--------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing)<br>MAR 25 2002<br>U.S. PATENT & TRADEMARK OFFICE | <b>Application Number</b>   | 10/021,737                    |              |
|  | <b>Filing Date</b>          | December 12, 2001             |              |
|  | <b>First Named Inventor</b> | Mitchell T. Weisman           |              |
|  | <b>Group Art Unit</b>       | 2152                          |              |
|  | <b>Examiner Name</b>        | not yet known                 |              |
| <b>Total Number of Pages in This Submission</b>  | 12                          | <b>Attorney Docket Number</b> | 10005.000200 |

| ENCLOSURES (check all that apply)  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Nonprovisional Application<br><input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Letter to the Official Draftsperson<br><input type="checkbox"/> Corrected Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney<br><input checked="" type="checkbox"/> Signed Declaration<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><b>Return receipt postcard</b> |
| <b>Remarks</b>   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Patrick D. Benedicto, Reg. No. 40,909<br>DEGUZMAN OKAMOTO & BENEDICTO, LLP. |
| Signature                                  | <i>Patrick Benedicto</i>  |
| Date                                       | March 13, 2002  |

| CERTIFICATE OF MAILING   |                          |      |                |
|--|--------------------------|------|----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 3/13/02 |                          |      |                |
| Typed or printed name  | Patrick D. Benedicto     |      |                |
| Signature  | <i>Patrick Benedicto</i> | Date | March 13, 2002 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |   |                                      |
|---|--|---|--------------------------------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-left: 10px;"> <h2 style="margin: 0;">for FY 2002</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p> </div> </div> |  | <b>Complete if Known</b>                |                                      |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 453.00  |  | <b>Application Number</b> 10/021,737    | <b>Filing Date</b> December 12, 2001 |
| <b>First Named Inventor</b> Mitchell T. Weisman   |  | <b>Examiner Name</b> not yet known      |                                      |
| <b>Group / Art Unit</b> 2152  |  | <b>Attorney Docket No.</b> 10005.000200 |                                      |

| <b>METHOD OF PAYMENT (check one)</b>   |                       |                |                       |  | <b>FEE CALCULATION (continued)</b>   |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
|--|-----------------------|----------------|-----------------------|--|--|-----------------|----------------|-----------------|-----------------|----------|-----------------------|----------|-----------------------|-----------------|--------------------|-----|-----|-----|-----|-------------------------------------|-------------------|-----|-----|-----|-----|---|------------------|-----|-----|-----|-----|---------------------------|--------------------|-----|-------|-----|-------|--|------------------------|-----|--------------|-----|------|--|--|----------|--------------|--------------|----------------|---|----|---------|-----|-----|-----------------------|--|----|-----|--------------------|-----|-----|---|----------------|-----------------|----------------|-----------------|-----------------|--|-----|-----|-------|-----|------------------------|---|-----|-----|-------|-----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|------------------|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--|--------------------------|--------------|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---|--|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <div style="margin-top: 10px;"> <p>Deposit Account Number: 50-2030</p> <p>Deposit Account Name: deGuzman Okamoto &amp; Benedicto, LLP.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Check           <input type="checkbox"/> Credit card           <input type="checkbox"/> Money Order           <input type="checkbox"/> Other         </div>  |                       |                |                       |  | <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="5">           *Reduced by Basic Filing Fee Paid           <span style="float: right;">SUBTOTAL (3) (\$ 65)</span> </td> </tr> </tbody></table> |                 |                |                 |                 | Fee Code | Large Entity Fee (\$) | Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid           | 105 | 130 | 205 | 65  | Surcharge - late filing fee or oath | 65                | 127 | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet. |                  | 139 | 130 | 139 | 130 | Non-English specification |                    | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |                        | 112 | 920*         | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113      | 1,840*       | 113          | 1,840*         | Requesting publication of SIR after Examiner action |    | 115     | 110 | 215 | 55                    | Extension for reply within first month |    | 116 | 400                | 216 | 200 | Extension for reply within second month |                | 117             | 920            | 217             | 460             | Extension for reply within third month |     | 118 | 1,440 | 218 | 720                    | Extension for reply within fourth month |     | 128 | 1,960 | 228 | 980                               | Extension for reply within fifth month |     | 119 | 320 | 219 | 160                                   | Notice of Appeal |     | 120 | 320 | 220 | 160  | Filing a brief in support of an appeal |     | 121 | 280 | 221 | 140  | Request for oral hearing |              | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid <span style="float: right;">SUBTOTAL (3) (\$ 65)</span> |  |  |  |  |
| Fee Code   | Large Entity Fee (\$) | Fee Code       | Small Entity Fee (\$) | Fee Description  | Fee Paid   |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 105  | 130                   | 205            | 65                    | Surcharge - late filing fee or oath  | 65   |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 127  | 50                    | 227            | 25                    | Surcharge - late provisional filing fee or cover sheet.                    |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 139  | 130                   | 139            | 130                   | Non-English specification  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 147  | 2,520                 | 147            | 2,520                 | For filing a request for reexamination                                     |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 112  | 920*                  | 112            | 920*                  | Requesting publication of SIR prior to Examiner action                     |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 113  | 1,840*                | 113            | 1,840*                | Requesting publication of SIR after Examiner action                        |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 115  | 110                   | 215            | 55                    | Extension for reply within first month                                     |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 116  | 400                   | 216            | 200                   | Extension for reply within second month                                    |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 117  | 920                   | 217            | 460                   | Extension for reply within third month                                     |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 118  | 1,440                 | 218            | 720                   | Extension for reply within fourth month                                    |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 128  | 1,960                 | 228            | 980                   | Extension for reply within fifth month                                     |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 119  | 320                   | 219            | 160                   | Notice of Appeal   |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 120  | 320                   | 220            | 160                   | Filing a brief in support of an appeal                                     |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 121  | 280                   | 221            | 140                   | Request for oral hearing   |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 138  | 1,510                 | 138            | 1,510                 | Petition to institute a public use proceeding                              |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 140  | 110                   | 240            | 55                    | Petition to revive - unavoidable   |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 141  | 1,280                 | 241            | 640                   | Petition to revive - unintentional   |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 142  | 1,280                 | 242            | 640                   | Utility issue fee (or reissue)   |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 143  | 460                   | 243            | 230                   | Design issue fee   |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 144  | 620                   | 244            | 310                   | Plant issue fee  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 122  | 130                   | 122            | 130                   | Petitions to the Commissioner  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 123  | 50                    | 123            | 50                    | Petitions related to provisional applications                              |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 126  | 180                   | 126            | 180                   | Submission of Information Disclosure Stmt                                  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 581  | 40                    | 581            | 40                    | Recording each patent assignment per property (times number of properties) |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 146  | 740                   | 246            | 370                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 149  | 740                   | 249            | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))           |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 179  | 740                   | 279            | 370                   | Request for Continued Examination (RCE)                                    |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 169  | 900                   | 169            | 900                   | Request for expedited examination of a design application                  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| Other fee (specify) _____  |                       |                |                       |  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| *Reduced by Basic Filing Fee Paid <span style="float: right;">SUBTOTAL (3) (\$ 65)</span>  |                       |                |                       |  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| <b>FEE CALCULATION</b>   |                       |                |                       |  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>370</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (1)</td><td>(\$ 370)</td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>22</td> <td>-20 = 2</td> <td>9</td> <td>18</td> </tr> <tr> <td>Independent Claims: 3</td> <td>-3 = 0</td> <td>42</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (2)</td><td>(\$ 18)</td></tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p> |                       |                |                       |  | Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 101                   | 740      | 201                   | 370             | Utility filing fee | 370 | 106 | 330 | 206 | 165                                 | Design filing fee |     | 107 | 510 | 207 | 255   | Plant filing fee |     | 108 | 740 | 208 | 370                       | Reissue filing fee |     | 114   | 160 | 214   | 80                                     | Provisional filing fee |     | SUBTOTAL (1) |     |      |  |  | (\$ 370) | Total Claims | Extra Claims | Fee from below | Fee Paid  | 22 | -20 = 2 | 9   | 18  | Independent Claims: 3 | -3 = 0                                 | 42 | 0   | Multiple Dependent |     |     | 0                                       | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid                               | 103 | 18  | 203   | 9   | Claims in excess of 20 |   | 102 | 84  | 202   | 42  | Independent claims in excess of 3 |  | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |                  | 109 | 84  | 209 | 42  | ** Reissue independent claims over original patent |  | 110 | 18  | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |                          | SUBTOTAL (2) |     |       |     |       | (\$ 18)                                       |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)       | Small Fee Code | Entity Fee (\$)       | Fee Description  | Fee Paid   |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 101  | 740                   | 201            | 370                   | Utility filing fee   | 370  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 106  | 330                   | 206            | 165                   | Design filing fee  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 107  | 510                   | 207            | 255                   | Plant filing fee   |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 108  | 740                   | 208            | 370                   | Reissue filing fee   |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 114  | 160                   | 214            | 80                    | Provisional filing fee   |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| SUBTOTAL (1)   |                       |                |                       |  | (\$ 370)   |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| Total Claims   | Extra Claims          | Fee from below | Fee Paid              |  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 22   | -20 = 2               | 9              | 18                    |  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| Independent Claims: 3  | -3 = 0                | 42             | 0                     |  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| Multiple Dependent   |                       |                | 0                     |  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)       | Small Fee Code | Entity Fee (\$)       | Fee Description  | Fee Paid   |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 103  | 18                    | 203            | 9                     | Claims in excess of 20   |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 102  | 84                    | 202            | 42                    | Independent claims in excess of 3  |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 104  | 280                   | 204            | 140                   | Multiple dependent claim, if not paid                                      |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 109  | 84                    | 209            | 42                    | ** Reissue independent claims over original patent                         |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| 110  | 18                    | 210            | 9                     | ** Reissue claims in excess of 20 and over original patent                 |  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |
| SUBTOTAL (2)   |                       |                |                       |  | (\$ 18)  |                 |                |                 |                 |          |                       |          |                       |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |              |     |      |  |  |          |              |              |                |   |    |         |     |     |                       |  |    |     |                    |     |     |   |                |                 |                |                 |                 |  |     |     |       |     |                        |   |     |     |       |     |                                   |  |     |     |     |     |                                       |                  |     |     |     |     |  |  |     |     |     |     |  |                          |              |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |

|                     |                      |                                  |                                 |           |                |
|---------------------|----------------------|----------------------------------|---------------------------------|-----------|----------------|
| <b>SUBMITTED BY</b> |                      |                                  | <b>Complete (if applicable)</b> |           |                |
| Name (Print/Type)   | Patrick D. Benedicto | Registration No. Attorney/Agent) | 40,909                          | Telephone | 650-691-2030   |
| Signature           |                      |                                  |                                 | Date      | March 13, 2002 |

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|  |                                   |
|--|-----------------------------------|
| In Re Application of:<br>Mitchell T. Weisman, et al.                                 | Examiner: not yet known           |
| Serial No.: 10/021,737   | Art Unit: 2152                    |
| Filed: December 12, 2001   | Atty. Docket No.:<br>10005.000200 |
| Title: METHOD AND APPARATUS FOR<br>PROVIDING ITEMS TO USERS IN A<br>COMPUTER NETWORK |                                   |

BOX MISSING PARTS  
Commissioner for Patents  
Washington, D.C. 20231

**RESPONSE TO NOTICE TO FILE MISSING PARTS**  
**OF NONPROVISIONAL APPLICATION**

Sir:

In response to the Notice to File Missing Parts of Nonprovisional Application mailed 12/06/2001 for the above-identified patent application, enclosed are the following:

- ☒ A copy of the Notice to File Missing Parts of Nonprovisional Application;
- ☒ Power of Attorney;
- ☒ An original, signed Declaration;
- ☒ Payment in the amount of \$453.00 for the filing and surcharge fees;
- ☒ Applicant claims small entity status under 37 C.F.R. section 1.27.

If the Examiner has any questions or needs additional information, the Examiner is invited to contact the undersigned attorney at (650) 691-2030.

Dated: March 13, 2002

Respectfully submitted,  
Mitchell T. Weisman, et al.

By: Patrick D. Benedicto  
Patrick D. Benedicto  
Attorney For Applicant(s)  
Reg. No. 40,909  
DEGUZMAN OKAMOTO & BENEDICTO LLP  
P. O. Box 51900  
Palo Alto, California 94303  
(650) 691-2030  
(650) 691-2032 (FAX)

Enclosure(s)

| CERTIFICATE OF MAILING  |                             |        |                |
|---|-----------------------------|--------|----------------|
| I hereby certify that this correspondence, including the enclosures identified herein, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10. |                             |        |                |
| Signature:  | <u>Patrick D. Benedicto</u> |        |                |
| Typed or Printed Name:  | Patrick D. Benedicto        | Dated: | March 13, 2002 |
| Express Mail Mailing Number (optional):   |                             |        |                |

#3



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

MAR 25 2002

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 10/021,737         | 12/12/2001          | Mitchell T. Weisman   | 10005.000200           |

CONFIRMATION NO. 1057

## FORMALITIES LETTER



\*OC000000007308499\*

Patrick D. Benedicto  
DEGUZMAN OKAMOTO & BENEDICTO, LLP  
P.O. Box 51900  
Palo Alto, CA 94303

Date Mailed: 01/15/2002

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 370 to complete the basic filing fee for a small entity.*
- Total additional claim fee(s) for this application is \$18.
  - \$18 for 2 total claims over 20.
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 453.

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

03/27/2002 BNGUYEN1 00000153 10021737

|           |           |
|-----------|-----------|
| 01 FC:201 | 370.00 OP |
| 02 FC:203 | 18.00 OP  |
| 03 FC:205 | 65.00 OP  |